

**NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY**  
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant \_\_\_\_\_

First

Middle

Last

**PARENT OR GUARDIAN**

For the Parent or Guardian of the Survey  
Participant who is a minor (unless the participant  
is an emancipated minor ☐):

I have read the Examination Brochure and the  
Health Measurements List which explain the  
nature and purpose of the survey. I freely choose  
to let my child take part in the survey.

\_\_\_\_\_  
Signature of parent/guardian                      Date

If you do not want a written report of your  
child's exam results, check here ☐

**PARTICIPANT (12+ YEARS)**

For the Survey Participant who is 12 Years Old  
or Older:

I have read the Examination Brochure and the  
Health Measurements List which explain the  
nature and purpose of the survey. I freely choose  
to take part in the survey.

\_\_\_\_\_  
Signature of participant                      Date

If you do not want a written report of your exam  
results, check here ☐

I observed the interviewer read this form to the person named above and he/she agreed to  
participate by signing or marking this form.

\_\_\_\_\_  
Witness (if required)                      Date

Name of staff member present when this form was signed:

\_\_\_\_\_

\_\_\_\_\_  
SP ID